

IN PERSON

**Disclosure Report Cover**

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information.

Amendment

☐ Yes ☐ No

1. Committee Information			
a. Full Name <u>Shea Ramirez for Mayor</u>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>1058 W. Club Blvd</u> <u>Durham, NC 27701</u> <u>Office Area 2 Suite 225</u>		d. Date Filed	
e. Phone Number			
2. Report Year <u>2017</u>	3. Period Start Date (mm/dd/yy) <u>August 30, 17</u>	4. Period End Date (mm/dd/yy) <u>September 25, 17</u>	5. Treasurer Full Name <u>Kershemia Ramirez</u>
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		9. Type of Report (check only one type of report from one category) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Municipal</b>  <input type="checkbox"/> Organizational  <input checked="" type="checkbox"/> Thirty-five day  <input checked="" type="checkbox"/> Pre-primary  <input type="checkbox"/> Pre-election  <input type="checkbox"/> Pre-runoff  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special             </div> <div style="width: 48%;"> <b>State/County</b>  <input type="checkbox"/> Organizational  <input type="checkbox"/> Quarterly  <input type="checkbox"/> First  <input type="checkbox"/> Second  <input type="checkbox"/> Third  <input type="checkbox"/> Fourth  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special             </div> </div>	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name	
8. Number of Fundraisers this Report			
11. Account Information a. Financial Institution Full Name <u>Wells Fargo</u>		11. Account Information a. Financial Institution Full Name	
b. Purpose <u>Committee Funds</u>	c. Account Code <u>SR44</u>	b. Purpose	c. Account Code
	d. Period Begin Balance <u>\$ 215.00</u>		d. Period Begin Balance
			\$
<b>CERTIFICATION</b> I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> <u>Kershemia L Ramirez</u>              Printed Name of Signer           </div> <div style="width: 40%;"> <u>[Signature]</u>              Signature of Appointed Treasurer           </div> <div style="width: 20%;"> <u>October 7, 17</u>              Date           </div> </div>			
<b>FOR OFFICE USE ONLY</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             Date Received: <u>10/02/17</u>              Date Postmarked: _____              Date Scanned: _____              Date Data Entered: _____           </div> <div style="width: 45%;">             Employee: <u>BMS</u>              Employee: _____              Employee: _____              Employee: _____           </div> <div style="width: 10%;"> <b>Delivery Method</b>  <input type="checkbox"/> Normal Mail  <input type="checkbox"/> Registered Mail  <input type="checkbox"/> Hand Delivered  <input type="checkbox"/> Electronically Filed  <input type="checkbox"/> Signer has not received mandatory training           </div> </div>			
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

## Detailed Summary

Amendment

☐ Yes ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Shea Ramirez for Mayor Pre-Primary					
Start of Election Cycle: January 1, _____		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 252.25		\$ 252.25	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 293.38		\$ 1563.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 293.38		\$ 1563.00	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 20.00		\$ 1100.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$ 288.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 20.00		\$ 1488.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 273.38		\$ 290.00	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	



# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_

Amendment

☐ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) <u>Shea Ramirez</u>						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Jewels Carr</u> <u>1207 Alma Street</u> <u>Durham NC 27703</u>				b. Job Title/Profession <u>Daycare</u>		d. Comments	
				c. Employer's Name/Specific Field <u>21 Century child care</u>		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>SE44</u>	<u>cash</u>		<u>9/17/17</u>	\$ <u>10.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>LAKISHA BRICKOWS</u> <u>707 Pebblestone Dr</u> <u>Durham, NC 27703</u>				b. Job Title/Profession <u>Customer Care</u>		d. Comments	
				c. Employer's Name/Specific Field <u>Fidelity Investments</u>		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>SE44</u>	<u>CASH</u>		<u>09/05/17</u>	\$ <u>25.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <u>35.00</u>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_

Amendment

☐ Yes ☐ No

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1. Committee Full Name (and Fund if applicable)					2. ID Number	
Shea Ramirez for Mayor						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kenya Smith 635 Mystic Dr Greensboro, NC 27406			ASST Principal Guilford County School			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SR44	CASH		9/17/17	\$ 20.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Corliss Wilkerson 5502 DANUBE LAKE Durham, NC 27704						
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SR44	CASH		9/17/17	\$ 20.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lauryn White 10 Fielding Ct Durham, NC 27703			Cashier / Student Sunny Beauty Durham Tech			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SR44			9/17/17	\$ 26.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 66.00	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						



# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_

Amendment

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1. Committee Full Name (and Fund if applicable)					2. ID Number	
Shea Ramirez for Mayor						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Belinda Smith 4103 Galway Dr Greensboro, NC 27406			retired			
			c. Employer's Name/Specific Field			
			N/A			
					e. Election Sum to Date	
					\$ 25.00 <sup>\$</sup> 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SR44	check		09/17/17	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Shawn Jeter 3729 Mountain Brook Circle Durham, NC 27704			Tech info Spec			
			c. Employer's Name/Specific Field			
			NIEHS			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SR44	cash		09/17/17	\$ 20.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Barbara Gray 509 Hanson Rd Durham, NC 27713			day care worker			
			c. Employer's Name/Specific Field			
			Grays Wonders Daycare			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SR44	check		09/17/17	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 70.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	